Black Hawk School District
Enrollment/Emergency Information Form

Student's Full Legal Name: **Birth Date**_____ **Grade**_____ **Gender**_____

_____

First **Middle** **Last**

SSN_____ **Home Phone**_____ **Bus Rider: Yes No**

Address_____

Birthplace_____/_____/_____/_____

City **County** **State** **Country**

Primary Language_____**Other Languages Spoken in the home**_____

Please Circle One: White Hispanic Black American/Alaskan Indian Asian Other_____

Household #1 ____**Both Parents** ____**Mother Only** ____**Father Only** ____**Joint Custody**
____**Parent/Stepparent** ____**Foster Home** ____**Legal Guardian** ____**Relative** ____**Other**

Father____ **Stepfather**____ **Guardian**____

Name_____ **Second Phone #:**_____

E-mail Address_____ **Please Circle: Cell Pager Other**

Employer_____ **Work Phone #:**_____ **Hours of Work:**_____

Mother____ **Stepmother**____ **Guardian**____

Name_____ **Second Phone #:**_____

E-mail Address_____ **Please Circle: Cell Pager Other**

Employer_____ **Work Phone #:**_____ **Hours of Work:**_____

Household #2 ____**Both Parents** ____**Mother Only** ____**Father Only** ____**Joint Custody**
____**Parent/Stepparent** ____**Foster Home** ____**Legal Guardian** ____**Relative** ____**Other**

Father____ **Stepfather**____ **Guardian**____

Name_____ **Second Phone #:**_____

E-mail Address_____ **Please Circle: Cell Pager Other**

Address_____

Home Phone_____ **Receives Report Card: Yes No** **Receives Forms: Yes No**

Employer_____ **Work Phone #:**_____ **Hours of Work:**_____

Mother____ **Stepmother**____ **Guardian**____

Name_____ **Second Phone #:**_____

E-mail Address_____ **Please Circle: Cell Pager Other**

Address_____

Home Phone_____ **Receives Report Card: Yes No** **Receives Forms: Yes No**

Employer_____ **Work Phone #:**_____ **Hours of Work:**_____

Siblings:

Name_____ **Birthdate**_____ **Grade**_____

Name_____ **Birthdate**_____ **Grade**_____

Name_____ **Birthdate**_____ **Grade**_____

Name_____ **Birthdate**_____ **Grade**_____

Please list emergency contacts in the case you cannot be reached: please remember that these are the individuals who may pick up your child from school if your child can no longer remain in school. These are the only individuals that the school may legally release your children to other than parents.

Name_____ **Phone**_____ **City**_____ **Relationship**_____

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Name_____ **Phone**_____ **City**_____ **Relationship**_____